



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue
Seattle, Washington 98101

15 FEB 2007

CER-0111
2-15-07

WA 2813
2-15-07
1a

Reply To
Attn Of: AWT-121

Mr. Peter Jewitt
Farallon Consulting L.L.C.
320 Third Avenue, N.E., Suite 200
Issaquah, WA 98027

Mr. William S. Johnson
Earle M. Jorgensen Company
10650 South Alameda
Lynwood, CA 90262

Re: Change in Project Coordinator
Jorgensen Forge Facility
Administrative Order on Consent ("Order") U.S. EPA Docket No CERCLA
10-2003-0111

Dear Mr. Jewitt and Mr. Johnson:

As required by Paragraph XII of the above referenced Comprehensive Environmental Response, Compensation, and Liability Act ("CERCLA") Consent Order, this letter is to inform you that I have been assigned as the Project Coordinator for the said Order effective February 28, 2007. I can be reached by phone at (206) 553-4166 or by email at Blocker.shawn@epa.gov.

Sincerely,

Shawn Blocker
RCRA Corrective Action and Permits Team

cc: Ron Altier, Jorgensen Forge Corporation
David Templeton, Anchor Environmental
Brad Helland, Ecology, NWRO
John Keeling, Ecology, NWRO
Marla Steinhoff, NOAA
Glen St. Amant, Muckelshoot Tribe
John Wakeman, ACOE



Bcc: Charles Ordine, ORC
Allison Hiltner, ECL
Ericka Hoffman, WOO

CONCURRENCES:

INITIALS <small>RF</small>		see below		POLICY FILE		RCRIS INFO SUBMITTED	
NAME <small>RF</small>	BLOCKER	PEER REVIEW	ORDINE	YES	NO	YES	NO
DATE <small>RF</small>		see below				ATTACHED	

PEER REVIEW:

INITIALS <small>RF</small>	<i>AC</i>	<i>COB</i>					
NAME <small>RF</small>	CASTRILLI	BROWN	HEDEEN	ORLEAN	MEYER	PALUMBO	FISHER
DATE <small>RF</small>	2/15/07	2-15-07					

ACTION/ROUTING INSTRUCTIONS

1. AUTHOR: Shawn Blocker

File Location/Name: Jorgensen PM letter

2. SECRETARY/ADMIN REVIEW: Denise

3. Concurrences: See attached

CONCURRENCES

Name:

Initials/Date:

4. SIGNER: Shawn Blocker

ACTIONS NEEDED

CC: MS./MRS./MR.: See Attached

STREET: _____

CITY,STATE,ZIP: _____

E-MAIL ADDRESS: _____

MS./MRS./MR.: _____

STREET: _____

CITY,STATE,ZIP: _____

E-MAIL ADDRESS: _____

MS./MRS./MR.: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

E-MAIL ADDRESS: _____

BCC(s): See Attached

E-MAIL: _____

E-MAIL: _____

E-MAIL: _____

DEADLINE FOR MAILING: Feb 16, 2007

DEADLINE FOR FAXING: _____

FAX #: _____

OVERNIGHT MAIL: _____ CERTIFIED MAIL: __XX__

WHERE TO FILE: Program: __X__ Chrono: _____ Other: _____
T5 Activity: _____ Enf/Compl: _____